

Action for a Better Community, Inc.
Early Head Start/Head Start Program

Recruitment Referral Form

Family Information

Parent's Name: _____

Address: _____

Phone Number: _____

Child's Name: _____ DOB: _____

Disability: _____

Does the child have a current IFSP? _____

Does the child have a current IEP? _____

Referring Agency

Name: _____

Address: _____

Phone Number: _____

Contact Person: _____

Please return to:

Head Start Administrative Offices
ATT: Dawn Breitung, Early Head Start Manager
49 Stone Street
Rochester NY, 14604
Phone: 585-325-5116
Fax: 585-232-8108

FOR OFFICE USE ONLY:

Date Received: _____ Staff assigned to follow-up: _____

Outcome of follow-up: _____